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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the U.S. Patent Application of

OONUMA et al.

Application Number: 10/767,443

Filed: January 30, 2004

For: ATOMIC ABSORPTION SPECTROPHOTOMETER

Attorney Docket No. NITT.0181

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

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)
) **Art Unit 2877**
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) **Examiner Fannie L. Evans**
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)
)

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	9	9	-XX (Over 20)	x \$50	0
Independent Claims	2	2	-XX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
TOTAL					0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

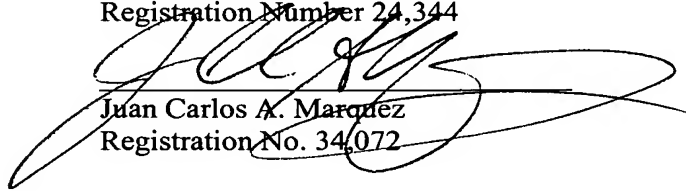
[x] Response to Office Action
(with Claim Amendments)
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement

[] Petition for Extension of Time
[] Terminal Disclaimer
[] Letter to Draftsperson
[] Assignment
[] Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] A check in the amount of **\$0.00** to cover the _____ fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

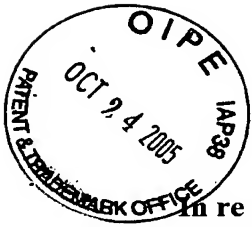
Respectfully submitted,

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October 24, 2005



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RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

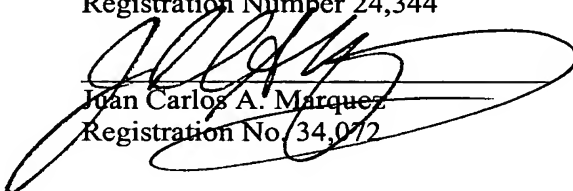
Sir:

This is in response to the Office Action mailed on July 27, 2005, the period of response to which is set to expire on October 27, 2005. Please amend the above-referenced application as follows:

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] A check in the amount of **\$0.00** to cover the _____ fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

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